

In re application of Professor Lillian Illum

Serial No. 08/359,937
Filed: December 20, 1994

For: SMALL PARTICLE COMPOSITIONS FOR INTRANASAL DRUG DELIVERY

ASSISTANT COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an Appeal Brief in the above-identified application.

☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 28	MINUS	** 28	= 0
INDEP	* 2	MINUS	*** 2	= 0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY

RATE	ADDIT. FEE
X 11 =	\$0
x 11 =	\$0
+115	\$0
TOTAL ADDIT. FEE	\$

OTHER THAN A
SMALL ENTITY

RATE	ADDIT. FEE
x 22 =	\$ 0
x 78 =	\$ 0
+ 250	\$ 0
TOTAL	\$ 0

TOTAL
ADDIT. FEE

or

* If the entry in Col.1 is less than the entry in Col.2, write "0" in Col.3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col.1 of a prior amendment or the number of claims originally filed.

☐ Please charge my Deposit Account No. 01-2507 in the amount of \$_____. A duplicate copy of this sheet is attached.☒ A check in the amount of \$55.00 for filing a Petition for Extension of Time is attached.☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 01-2507. A duplicate copy of this sheet is attached.☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,



Patrea L. Pabst, Reg. No. 31,284